

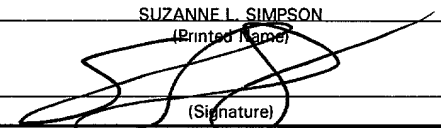
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Atty. Dkt. No. 057799-2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MICHAEL D. BROWN
Title: WEALTH TRANSFER PLAN
USING IN KIND LOAN
REPAYMENT WITH TERM
INSURANCE PROTECTION
Appl. No.: TBA
Filing Date: HERewith
Examiner: TBA
Art Unit: TBA

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL811325852US	1/9/02
(Express Mail Label Number)	(Date of Deposit)
SUZANNE L. SIMPSON	
(Printed Name)	
	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Michael D. Brown
19 Taggart
Irvine, CA 92612

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (11 pages).
- ☒ Informal drawings (3 sheets, Figures 1-3).
- ☒ Declaration and Power of Attorney (4 pages).
- ☐ Assignment of the invention to Spectrum Group Investments, LLC.

- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	13	- 20	= 0	x \$18.00	= \$0.00
Independents:	4	- 3	= 1	x \$84.00	= \$84.00
If any Multiple Dependent Claim(s) present:			+ 1	+ \$280.00	= \$0.00
				SUBTOTAL:	= \$824.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$412.00
				TOTAL FILING FEE:	= \$412.00

- ☒ A check in the amount of \$412.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Jan. 9, 2002

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